

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042415

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3189

FILED OCT 30 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Andrew

admission)

b. CITY (If outside corporate limits give TOWNSHIP only)

Length of stay in 1b

OR
TOWN

KIRKWOOD

DOA

c. CITY

OR
TOWN

Savannah

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

RFD 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Larry

Middle

Dean

Last

Ruark

4. DATE

OF
DEATH

Month

October

Day

17,

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

2/24/1938

9. AGE (last birthday)

25

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Construction Co.

11. BIRTHPLACE (City and state or country)

St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Ollie Harrison Ruark

13b. MOTHER'S MAIDEN NAME

Clara L. German

14. NAME OF HUSBAND OR WIFE

Joyce E. Ruark

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

Yes

Peacetime

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ollie H. Ruark, Savannah, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Internal injuries, probably of head

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

1 car accident (driver)

20c. TIME OF INJURY

1:00

Hour

a.m.

Month, Day, Year

10/17/63

20d. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

highway

20f. CITY, TOWN, OR LOCATION

COUNTY

Franklin

STATE

Missouri

21. I attended the deceased from

to

and last saw her alive on

Death occurred at DOA St. Jos. Hosp. 2:45 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-17-63

23c. NAME OF CEMETERY OR CREMATORY

Savannah Cemetery

23d. LOCATION (City, town, or county)

Savannah, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Breit-Hawkins, Savannah, Mo.

25. DATE RECD. BY LOCAL REG.

10-18-63

26. REGISTRAR'S SIGNATURE

[Signature]

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

011010-100

JAN 10 1964

OCT 81 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John B. Ambler

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.